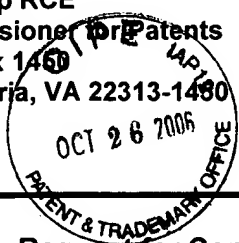


REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

RCE

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/850,073
	Filing Date	May 7, 2001
	First Named Inventor	Steven Todd
	Group Art Unit	3625
	Examiner Name	Rhode Jr., Robert E.
	Attorney Docket No.	112820



This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1)	Submission required under 37 C. F. R. § 1.114
a)	<input type="checkbox"/> Previously submitted:
i)	<input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered).
ii)	<input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on
iii)	<input type="checkbox"/> Other
b)	<input checked="" type="checkbox"/> Enclosed:
i)	<input checked="" type="checkbox"/> Amendment / Reply
ii)	<input type="checkbox"/> Affidavit(s) / Declaration (s)
iii)	<input type="checkbox"/> Information Disclosure Statement (IDS)
iv)	<input checked="" type="checkbox"/> Return Receipt Postcard
v)	<input type="checkbox"/> Other
2)	Miscellaneous:
a)	<input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).
b)	<input type="checkbox"/> Other
3)	Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.
a)	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 01-2745.
i)	<input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e).
ii)	<input type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).
iii)	<input type="checkbox"/> Other

CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input type="checkbox"/> Correspondence address below
---	-------------------------	--

NAME	John Etchells				
ADDRESS	AT&T CORP., One AT&T Way,				
CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America	FAX	908-532-1281		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. No.	35290
TELEPHONE	908-707-1573		
SIGNATURE			DATE

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage thereon, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U. S. Patent and Trademark Office on this date: 10/24/2006

Name (Print/Type)	Mary J. Curch	Date	10/24/2006
Signature			